

ACCESS DOMAIN: TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF PERSONS SERVED BY THE STATE MENTAL HEALTH AUTHORITY
FY 2002

Indiana

STATE: Indiana

	Total Served				Penetration Rates		
	State FY 2002		US FY 2002 (Based on States Reporting)		State Penetration Rate (Served/State Pop) x1000	US Penetration Rate (Based on states reporting)	
	n	%	n	%			
<u>Age</u>							
0 to 3	563	1%	32,358	1%	1.7	2.7	(47 states)
4 to 12	12,937	20%	644,542	14%	16.2	21.5	(49 states)
13 to 17	7,314	11%	558,765	12%	16.6	34.1	(49 states)
18 to 20	2,305	4%	191,003	4%	8.1	18.8	(50 states)
21 to 64	38,547	60%	2,848,402	60%	11.1	21.1	(50 states)
65 to 74	1,723	3%	141,971	3%	4.4	9.2	(50 states)
75 and over	1,150	2%	112,675	2%	3.2	8.2	(50 states)
Unknown Age	-	-	110,239	2%			(26 states)
TOTAL	64,539	100%	4,728,316	100%	10.6	19.8	(51 states)
<u>Gender</u>							
Female	34,829	54%	2,380,571	50.3%	11.2	19.8	(50 states)
Male	29,710	46%	2,244,778	47.5%	10.0	19.4	(50 states)
Unknown	-	-	102,967	2.2%			(30 states)
TOTAL	64,539	100%	4,728,316	100%	10.6	19.8	(51 states)
<u>Race/Ethnicity</u>							
American Indian/Alaskan Native	203	0%	49,497	1%	12.8	22.3	(47 states)
Asian	120	0%	60,669	1%	2.0	7.7	(48 states)
Black/African American	8,709	13%	991,235	21%	17.1	33.5	(47 states)
Native Hawaiian/Pacific Islander	23	0%	10,944	0.2%	11.5	54.9	(23 states)
White	53,264	83%	2,932,673	62%	10.0	17.3	(50 states)
Hispanic	-	-	264,621	6%	0.0	14.7	(21 states)
Multi-Racial	831	1%	35,018	1%	11.0	10.2	(21 states)
Other Race/Race Unknown	1,389	2%	383,659	8%			(48 states)
TOTAL	64,539	100%	4,728,316	100%	10.6	20.5	(51 states)
<u>Hispanic Origin</u>							
Hispanic or Latino	2,936	5%	284,214	10%	13.7	11.6	(31 states)
Not Hispanic or Latino	61,603	95%	2,294,165	83%	10.5	18.6	(32 states)
Hispanic Status Unknown	-	-	190,092	7%			(21 states)
TOTAL	64,539	100%	2,768,471	100%			(31 states)

Note:

This Table uses data from URS/DIG Table 2a, Table 2b and from the U.S. Census Bureau.

All denominators use U.S. Census data from 2000.

U.S. Totals are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

2a 1) Since this report is a combined count from both data systems and a matching methodology has not yet been adopted, there is some duplication of persons. However, this duplication is thought to be relatively small (2000-3000 persons or) +/- 3%. 2) Age is calculated at the beginning of the fiscal year. 3) The persons included in this report are the same as in Table 1 but grouped by age, gender, race category and ethnicity (Hispanic or not Hispanic). 4) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX). 5) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included. 6) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS).

2b 1) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX). 2) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included. 3) The persons included in this report are the same as in Table 1 but grouped by age, gender, race category and ethnicity (Hispanic or not Hispanic). 4) Age is calculated at the beginning of the fiscal year. 5) Since this report is a combined count from both data systems and a matching methodology has not yet been adopted, there is some duplication of persons. However, this duplication is thought to be relatively small (2000-3000 persons or) +/- 3%. 6) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS).

2002 CMHS Uniform Reporting System Output Table

**ACCESS DOMAIN: TABLE 2. PERSONS SERVED IN COMMUNITY MENTAL HEALTH PROGRAMS BY AGE AND GENDER
FY 2002**

STATE: **Indiana**

	Served in Community				Penetration Rates (rate per 1,000 population)	
	State FY 2002		US FY 2002		State Penetration Rate	US Penetration Rate (Based on states reporting)
<u>Age</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>		
0-17	20,578	33%	1,050,606	27%	13.1	17.9
18-20	2,235	4%	167,285	4%	7.9	16.6
21-64	36,926	59%	2,483,621	63%	10.6	18.6
65+	2,780	4%	209,720	5%	3.7	7.2
Unknown	-	-	9,233	0%		
TOTAL	62,519	100%	3,920,465	100%	10.3	16.6
<u>Gender</u>						
Female	34,184	55%	2,029,727	52%	11.0	17.2
Male	28,335	45%	1,882,372	48%	9.5	16.5
Unknown	-	-	8,366	0%		
TOTAL	62,519	100%	3,920,465	100%	10.3	16.6

Note:

US totals are based on states reporting.

This Table uses data from URS/DIG Table 3a

U.S. Totals are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

1) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS). 2) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included. 3) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX). 4) The population for this report is only persons served within the community setting (or the CSDS system). 5) Age is calculated at the beginning of the fiscal year. 6) A person is counted as homeless is he/she was homeless when any assessment was given during the year (either at time of enrollment or a subsequent assessment).

2002 CMHS Uniform Reporting System Output Table

**ACCESS DOMAIN: TABLE 3. PERSONS SERVED IN STATE PSYCHIATRIC HOSPITALS BY AGE AND GENDER
FY 2002**

STATE: **Indiana**

	Served in State Psychiatric Hospitals				Penetration Rates (rate per 1,000 population)	
	State FY 2002		US FY 2002 (Based on States Reporting)		State Penetration Rate	US Penetration Rate (Based on states reporting)
<u>Age</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>		
0-17	236	12%	16,510	10%	0.15	0.29
18-20	70	3%	8,299	5%	0.25	0.85
21-64	1,621	80%	129,865	79%	0.47	1.01
65+	93	5%	8,308	5%	0.12	0.31
Unknown	-	-	2,198	1%		
TOTAL	2,020	100%	165,180	100%	0.33	0.74
<u>Gender</u>						
Female	645	32%	61,014	37%	0.21	0.54
Male	1,375	68%	101,748	62%	0.46	0.93
Unknown	-	-	2,418	1%		
TOTAL	2,020	100%	165,180	100%	0.33	0.74

Note:

US totals are based on states reporting.

This Table uses data from URS/DIG Table 3b

U.S. Totals are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

1) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS). 2) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included. 3) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX). 4) The population for this report includes only persons that have been admitted to a state operated

ACCESS DOMAIN: TABLE 4.

PERSONS SERVED SMHA SYSTEMS WITH MEDICAID AND OTHER FUNDING SOURCES BY RACE AND GENDER
FY 2002STATE: **Indiana**

<u>Race/Ethnicity</u>	<u>Indiana</u>					<u>US Averages</u>				
	<u>n Served Medicaid</u>	<u>n Served Non-Medicaid</u>	<u>Total Served</u>	<u>% Served Medicaid</u>	<u>% Served Non-Medicaid</u>	<u>n Served Medicaid</u>	<u>n Served Non-Medicaid</u>	<u>Total Served</u>	<u>% Served Medicaid</u>	<u>% Served Non-Medicaid</u>
			315							
American Indian/Alaskan Native	122	81	203	60%	40%	22,836	26,890	49,497	46%	54%
Asian	57	63	120	48%	53%	43,404	23,185	60,669	72%	38%
Black/African American	5,617	3,092	8,709	64%	36%	481,536	425,268	991,235	49%	43%
Native Hawaiian/Pacific Islander	8	15	23	35%	65%	5,492	5,032	10,944	50%	46%
White	30,510	22,754	53,264	57%	43%	1,189,376	1,652,041	2,932,673	41%	56%
Hispanic	-	-	-	-	-	209,431	167,553	264,621	79%	63%
Multi-Racial	685	116	831	82%	14%	19,741	15,035	35,018	56%	43%
Other Race/Race Unknown	744	645	1,389	54%	46%	467,725	251,762	383,659		
TOTAL	37,743	26,766	64,539	58%	41%	2,439,541	2,566,766	4,728,316	52%	54%
<u>Hispanic Origin</u>										
Hispanic or Latino	1,788	1,148	2,936	61%	39%	164,938	133,522	284,214	58%	47%
Not Hispanic or Latino	35,955	25,648	61,603	58%	42%	954,529	1,216,074	2,294,165	42%	53%
Hispanic Status Unknown	-	-	-	-	-	55,641	142,083	190,092	29%	75%
TOTAL	37,743	26,796	64,539	58%	42%	1,175,108	1,491,679	2,768,471	42%	54%
<u>Gender</u>										
Female	20,164	14,665	34,829	58%	42%	1,265,761	1,282,391	2,380,571	53%	54%
Male	17,579	12,131	29,710	59%	41%	1,132,306	1,230,932	2,244,778	50%	55%
Unknown	-	-	-	-	-	42,952	53,443	102,967	42%	52%
TOTAL	37,743	26,796	64,539	58%	42%	2,441,019	2,566,766	4,728,316	52%	54%

Note:

Note: This Table uses data from 2 sources: DIG Table 5a, 5b (Hispanic Origin), DIG Table 2a (Total Served), and Table 2b (Hispanic Origin Total Served)
Data is based on duplicated counts

State Notes:

- 2a 1) Since this report is a combined count from both data systems and a matching methodology has not yet been adopted, there is some duplication of persons. However, this duplication is thought to be relatively small (2000-3000 persons or) +/- 3%. 2) Age is calculated at the beginning of the fiscal year. 3) The persons included in this report are the same as in Table 1 but grouped by age, gender, race category and ethnicity (Hispanic or not Hispanic). 4) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX). 5) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included. 6) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS).
- 2b 1) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX). 2) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included. 3) The persons included in this report are the same as in Table 1 but grouped by age, gender, race category and ethnicity (Hispanic or not Hispanic). 4) Age is calculated at the beginning of the fiscal year. 5) Since this report is a combined count from both data systems and a matching methodology has not yet been adopted, there is some duplication of persons. However, this duplication is thought to be relatively small (2000-3000 persons or) +/- 3%. 6) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS).
- 5a Current data indicates that a client has a Medicaid identification number, but does not contain eligibility information. To accurately create this report, integration with Indiana's Medicaid agency would be necessary. At this time, this cross-agency data is not available.
- 5b Current data indicates that a client has a Medicaid identification number, but does not contain eligibility information. To accurately create this report, integration with Indiana's Medicaid agency would be necessary. At this time, this cross-agency data is not available.

APPROPRIATENESS DOMAIN: TABLE 1.

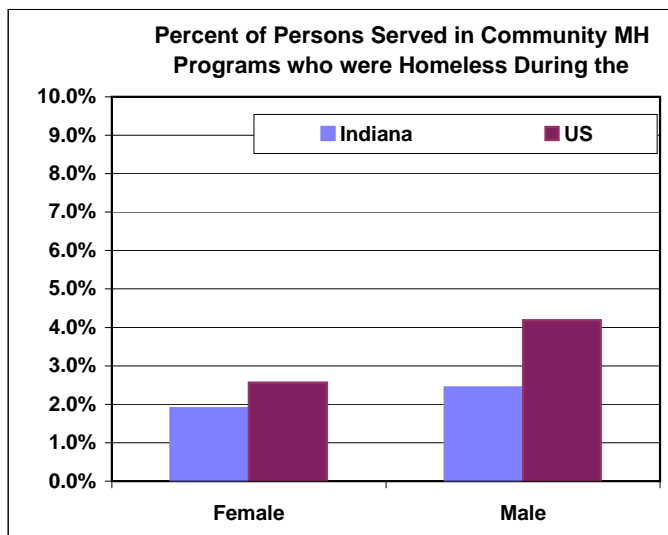
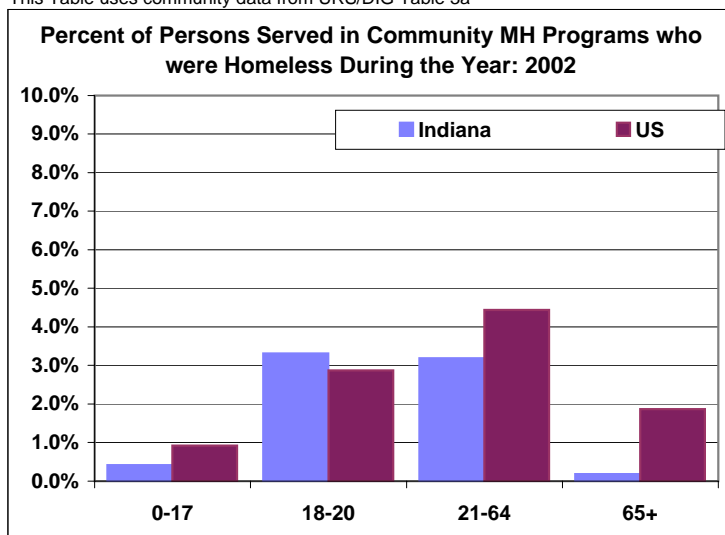
HOMELESS PERSONS SERVED BY COMMUNITY
MENTAL HEALTH PROGRAMS BY AGE AND GENDER
FY 2002

STATE: Indiana

	Indiana					US Data (Based on states reporting)				
	Homeless Served in Community		Total Served in Community with Known Living Status		Homeless as % of Total Served in Community	Homeless Served in Community		Total Served in Community with Known Living Status		Homeless as % of Total Served in Community
	<u>n</u>	%	<u>n</u>	%	%	<u>n</u>	%	<u>n</u>	%	%
Age										
0-17	86	6%	20,578	33%	0.4%	7,510	7%	816,069	27%	0.9%
18-20	74	6%	2,235	4%	3.3%	3,760	4%	130,792	4%	2.9%
21-64	1,177	88%	36,926	59%	3.2%	86,645	83%	1,953,277	63%	4.4%
65+	5	0%	2,780	4%	0.2%	3,174	3%	169,708	6%	1.9%
Unknown	-	0%	-	0%		3,134	3%	6,979	0%	
TOTAL	1,342	100%	62,519	100%	2.1%	104,223	100%	3,076,825	100%	3.4%
Gender										
Female	650	48%	34,184	55%	1.9%	41,137	39%	1,602,641	52%	2.6%
Male	692	52%	28,335	45%	2.4%	61,470	59%	1,467,656	48%	4.2%
Unknown	-	-	-	-		1,616	2%	6,528	0.2%	
TOTAL	1,342	100%	62,519	100%	2.1%	104,223	100%	3,076,825	100.0%	3.4%

Note:

This Table uses community data from URS/DIG Table 3a

**State Notes:**

- 1) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS).
- 2) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included.
- 3) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX).
- 4) The population for this report is only persons served within the community setting (or the CSDS system).
- 5) Age is calculated at the beginning of the fiscal year.
- 6) A person is counted as homeless if he/she was homeless when any assessment was given during the year (either at time of enrollment or a subsequent assessment).

2002 CMHS Uniform Reporting System Output Table

APPROPRIATENESS DOMAIN: TABLE 2.

NUMBER OF ADMISSIONS DURING THE YEAR TO STATE
HOSPITAL INPATIENT AND COMMUNITY-BASED
PROGRAMS
FY 2002

STATE: Indiana

	State Admissions During Year	State Total Served During Year (From Tables 3a and 3b)	US Admissions During Year (for states reporting)	U.S. Total Served During Year (From Tables 3a and 3b)	State Admission Rate	US Admission Rate
State Psychiatric Hospitals	824	2,020	166,782	165,180	0.41	1.01
Children	142	236	17,365	16,510	0.60	1.05
Adults	682	1,784	149,417	146,472	0.38	1.02
Unknown Age				2,198		
Community Programs	62,519	62,519	2,066,826	3,929,698	1.00	0.53
Children	20,575	20,578	618,819	1,050,606	1.00	0.59
Adults	41,944	41,941	1,448,007	2,869,859	1.00	0.50
Unknown Age	-	-		9,233		

Note:

Admission Rate = number of admissions divided by total served during the year.

This Table uses data from URS/DIG Table 3a, Table 3b and Table 6

State Notes:

- 3a 1) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS). 2) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included. 3) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX). 4) The population for this report is only persons served within the community setting (or the CSDS system). 5) Age is calculated at the beginning of the fiscal year. 6) A person is counted as homeless if he/she was homeless when any assessment was done during the year (either at admission or during the year).
- 3b 1) Included are all persons who have been served by DMHA or a contractor of DMHA (community providers) and data about the person has been entered into one of the two main DMHA data systems. The two systems are: The Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS). 2) Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included. 3) The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX). 4) The population for this report includes only persons that have been admitted to a state operated psychiatric hospital (data entered into DSS). 5) "Other Hospital Inpatient" is not reported on a consistent basis to DMHA. Therefore, due to lack of reliable data, it is not included in this report.
- 6 Due to data quality issues with the hospital data, it is thought that there is a small margin of error. "Other Hospital Inpatient" data is not available. Within the community setting, every consumer is enrolled after the beginning of each new state fiscal year. Therefore, there will always be zero patients served at the beginning of the year. Also, there is not currently a concept of "discharge" and it is, therefore, not applicable to Indiana. Indiana does not provide acute inpatient care at its state hospitals; this type of care is provided through case rate reimbursements to local hospitals and community mental health centers.

2002 CMHS Uniform Reporting System Output Table

**APPROPRIATENESS DOMAIN: TABLE 3. MEAN LENGTH OF STAYS OF ADULTS AND CHILDREN IN STATE PSYCHIATRIC HOSPITALS
FY 2002**

STATE: **Indiana**

	<u>Indiana</u> Length of Stay (Days)		<u>US Median</u> Length of Stay (Days)	
	Discharged Clients	Resident Clients	Discharged Clients	Resident Clients
State Hospitals				
Children	274	290	66	147
Adults	956	2,315	76	985

Note:

Resident Clients are clients who were receiving services in inpatient settings at the end of the reporting period.
This Table uses data from URS/DIG Table 6

State Notes:

Due to data quality issues with the hospital data, it is thought that there is a small margin of error. "Other Hospital Inpatient" data is not available. Within the community setting, every consumer is enrolled after the beginning of each new state fiscal year. Therefore, there will always be zero patients served at the beginning of the year. Also, there is not currently a concept of "discharge" and it is, therefore, not applicable to Indiana. Indiana does not provide acute inpatient care at its state hospitals; this type of care is provided through case rate reimbursements to local hospitals and community mental health centers.

APPROPRIATENESS DOMAIN: TABLE 4.

**PERCENT OF ADULTS AND CHILDREN SERVED WHO MEET THE FEDERAL DEFINITIONS
FOR SMI AND SED AND PERCENT OF ADULTS AND CHILDREN SERVED WHO HAVE
CO-OCCURRING MH/AOD DISORDERS
FY 2002**

STATE: **Indiana**

Adults and Children who meet the Federal Definitions of SMI/SED	<u>State Average</u>	<u>US Average</u>	<u>US Median</u>
12.2.a. Percent of Adults served through the SMHA who meet the Federal definition for SMI	100%	62%	60%
12.2.b. Percent of Children through the SMHA who meet the Federal definition for SED	100%	65%	66%

Co-occurring MH and Substance Abuse Consumers	<u>State Average</u>	<u>US Average</u>	<u>US Median</u>
12.3.a1. Percent of Adults served through the SMHA who had a co-occurring MH and AOD Disorder	9%	19%	20%
12.3.a2. Percent of Children through the SMHA who had a co-occurring MH and AOD Disorder	1%	5%	4%
12.2.a. Percent of Adults served through the SMHA who had a co-occurring MH and AOD Disorder who meet the Federal definition for SMI	9%	20%	20%
12.2.b. Percent of Children served through the SMHA who had a co-occurring MH and AOD Disorder who meet the Federal definition for SED	1%	9%	3%

Note:

This Table uses data from URS/DIG Table 12

State Notes:

None

**OUTCOMES DOMAIN: TABLE 1. EMPLOYMENT STATUS OF ADULT MENTAL HEALTH CONSUMERS
SERVED IN THE COMMUNITY BY AGE AND GENDER
FY 2002**

STATE: **Indiana**

	Indiana								
	Mental Health Consumers Employed	Mental Health Consumers who were Unemployed	Adults Served in Labor Force *	Adults Served in Community with Known Employment Status**	State MH Consumers Employed As a % of Those in Labor Force	US MH Consumers Employed As a % of Those in Labor Force	State MH Consumers Employed as % of Served in Community***	US MH Consumers Employed as % of Served in Community ***	Number of States Reporting
<u>Age</u>	<u>n</u>	<u>n</u>	<u>n</u>	<u>n</u>					
18-20	611	716	1,327	1,864	46%	34%	33%	17%	39
21-64	7,743	11,241	18,984	32,856	41%	36%	24%	21%	39
65+	98	275	373	2,555	26%	20%	4%	9%	36
Unknown	-	-	-	-	-	50%	-	65%	12
TOTAL	8,452	12,232	20,684	37,275	41%	36%	23%	21%	40
<u>Gender</u>									
Female	5,182	7,431	12,613	23,011	41%	36%	23%	21%	38
Male	3,270	4,801	8,071	14,264	41%	36%	23%	20%	38
Unknown	-	-	-	-	-	27%	-	24%	13
TOTAL	8,452	12,232	20,684	37,275	41%	36%	23%	21%	40

Note:

* Mental Health Adults in Labor Force is the sum of MH consumers employed plus unemployed

** Adults Served in Community excludes persons for whom employment status was unknown

*** Includes persons who are "not in the labor force" according to BLS definition. Many of these individuals would likely seek employment if it were available.

MH Consumers Employed as % of Total Adults Served uses Adults Served as the denominator

MH Consumers Employed as % of Adults served in Labor Force uses persons employed or Unemployed as the denominator

This Table uses data from URS/DIG Table 4

State Notes:

Three people in the category of SMI are under the age of 18 years and, therefore, not included in this table.

OUTCOMES DOMAIN: TABLE 2.

CONSUMER SURVEY RESULTS
FY 2002

STATE: Indiana

State Identifier:	Children		Adults	
Indicators	Indiana	US Average	Indiana	US Average
1. Percent Reporting Positively About Access.	79%	79%	95%	82%
2. Percent Reporting Positively About Quality and Appropriateness for Adults / Reporting Positively about Satisfaction for Children.	93%	80%	93%	82%
3. Percent Reporting Positively About Outcomes.	74%	65%	87%	71%
4. Percent of Family Members Reporting on Participation In treatment Planning.	91%	77%		
5. Percent of Family Members Reporting High Cultural Sensitivity of Staff. (Optional)	-	85%		
6. Percent of Adults Reporting on Participation In Treatment Planning. (Optional)			89%	75%
7. Percent of Adults Positively about General Satisfaction with Services. (Optional)			94%	83%

	Indiana	US
1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?	Yes	Yes = 18
1.c. Did you use any translations of the MHSIP into another language?	No	15
6. How many responses are the results based on?	1,669	2,443
7. How Many consumers were sampled?	4591	176,671
2. Populations covered in survey?	Sample of MH Consumers	Sample = 31 All Consumers = 12
4. Please describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)		
4 Ans. Only adults with SMI enrolled in HAP (Hoosier Assurance Plan)		39

State Notes:

Due to the timing and process by which the consumer survey information is collected, the most current data available is for State Fiscal Year 2001. It is not anticipated that this process will change.

2002 CMHS Uniform Reporting System Output Table

**OUTCOMES DOMAIN: TABLE 3. CONSUMER SURVEY RESULTS
FY 2002**

STATE: **Indiana**

Race/Ethnicity	Indicators									
	1. Percent Reporting Positively About Access.		2. Percent Reporting Positively About Quality and Appropriateness for Adults		3. Percent Reporting Positively About Outcomes.		6. Percent of Adults Reporting on Participation In Treatment Planning. (Optional)		7. Percent of Adults Positively about General Satisfaction with Services. (Optional)	
	IN	US Average	IN	US Average	IN	US Average	IN	US Average	IN	US Average
American Indian/ Alaskan Native	75%	87%	75%	87%	100%	71%	25%	74%	100%	88%
Asian	100%	92%	100%	81%	50%	65%	50%	74%	100%	83%
Black/ African American	83%	89%	78%	82%	51%	86%	71%	70%	77%	85%
Native Hawaiian/ Pacific Islander	100%	75%	33%	73%	33%	73%	100%	72%	67%	82%
White	71%	82%	74%	83%	44%	71%	69%	74%	78%	83%
Hispanic	74%	84%	67%	84%	36%	73%	77%	77%	74%	86%
Multi-Racial	100%	94%	57%	69%	14%	50%	86%	73%	43%	69%
Other Race	74%	75%	68%	76%	43%	66%	68%	69%	75%	77%

Note:

This Table uses data from URS/DIG Table 11a

State Notes:

Indiana has broken out the race and ethnicity components of this report into separate tables (see PDF files).

2002 CMHS Uniform Reporting System Output Table

STRUCTURE DOMAIN: TABLE 1. STATE MENTAL HEALTH AGENCY CONTROLLED EXPENDITURES FOR MENTAL HEALTH FY 2001

STATE: **Indiana**

	State	% Total	%Total	US
	<u>Expenditures</u>	<u>State</u> <u>Expenditures</u>	<u>US Expenditures</u>	<u>Expenditures</u>
State Hospitals	\$ 146,866,256	36%	32%	\$ 7,298,364,471
Other 24-Hour Care	\$ -	-	17%	\$ 3,971,507,623
Ambulatory/Community	\$ 261,166,330	63%	49%	\$ 11,199,123,996
Central Office, Research, Training, Prvention,	\$ 3,895,357	1%	3%	\$ 594,043,226
TOTAL	\$ 411,927,943			\$ 23,063,589,317

Note:

Other 24 Hour Care includes Residential care in state hospitals and inpatient and residential care in communities
Data from NRI's Funding Sources and Expenditures of State Mental Health Agencies, FY'2001 report,

State Notes:

Between 1997 and now, the State of Indiana has legislatively overhauled our funding criteria and processes, to Community Mental Health Programs. They have gone from a deficit-funding model to a Managed Care Provider model. This change eliminated the need to request and collect non-SMHA controlled expenditure and revenue information from the programs. They no longer needed to calculate the deficit status of a program to determine our level of funding to them; rather, they now establish funding levels by the number of clients served (funded and un-funded) and pay for a client (utilizing a tiered, actuarial-based, level of funding, enrollment rate) versus funding a service. In 1997, Indiana still had access to previously collected non-SMHA expenditure and revenue information and it was reported then. FY 2001 figures include all forensic inpatient facilities and FY 1997 only looked at forensics at Isaac Ray Unit at the Logansport facilities.

**STRUCTURE DOMAIN: TABLE 2. STATE MENTAL HEALTH AGENCY CONTROLLED REVENUES
BY FUNDING SOURCE
FY 2001**

STATE: **Indiana**

	<u>State Hospital</u>			<u>Ambulatory/Community</u>		
	Indiana			Indiana		
	<u>Revenues</u>	<u>% Total</u>	<u>% Total (US)</u>	<u>Revenues</u>	<u>% Total</u>	<u>% Total (US)</u>
Medicaid	\$16,589,711	11%	28%	\$125,151,643	48%	40%
Community MH Block Grant	NA	NA	-	\$7,686,894	3%	2%
Other SAMHSA	NA	NA	0%	NA	NA	0.2%
Other Federal (non-SAMHSA)	\$66,079,256	45%	4%	\$6,055,352	2%	4%
State	\$59,738,107	41%	63%	\$104,543,683	40%	46%
Other	\$4,459,182	3%	5%	\$17,845,201	7%	6%
TOTAL	\$146,866,256		100%	\$261,282,773		100%

Note:Data from NRI's Funding Sources and Expenditures of State Mental Health Agencies, FY'2001 report.

State Mental Health Agency Controlled Expenditures and Revenues, Tables 25, 26, and 27.

State Notes:

Between 1997 and now, the State of Indiana has legislatively overhauled our funding criteria and processes, to Community Mental Health Programs. They have gone from a deficit-funding model to a Managed Care Provider model. This change eliminated the need to request and collect non-SMHA controlled expenditure and revenue information from the programs. They no longer needed to calculate the deficit status of a program to determine our level of funding to them; rather, they now establish funding levels by the number of clients served (funded and un-funded) and pay for a client (utilizing a tiered, actuarial-based, level of funding, enrollment rate) versus funding a service. In 1997, Indiana still had access to previously collected non-SMHA expenditure and revenue information and it was reported then. FY 2001 figures include all forensic inpatient facilities and FY 1997 only looked at forensics at Isaac Ray Unit at the Logansport facilities.

2002 CMHS Uniform Reporting System Output Table

**STRUCTURE DOMAIN: TABLE 3. FEDERAL MENTAL HEALTH BLOCK GRANT
EXPENDITURES FOR NON-DIRECT SERVICE ACTIVITIES
FY 2002**

STATE: **Indiana**

	State Expenditures (Non-Direct)	% Total (Non-Direct)	% Total (Non-Direct) for US (For states reporting data)
Technical Assistance Activities	\$0	-	23.5%
Planning Council	\$0	-	4.7%
Other Activities	\$596,240	100.0%	16.8%
Administration	\$0	-	43.8%
Data Collection/Reporting	\$0	-	10.3%
TOTAL	\$596,240	100.0%	100.0%

Note:

This Table uses data from URS/DIG Table 8

State Notes:

None